ST. BARTHOLOMEW'S

HOSPITAL JOURNAL

WAR EDITION

Vol. 2 AUGUST 1st, 1941. No. 11.

FINAL DOSE

For some months spasmodic controversy has ebbed and flowed in our correspondence columns, on the merits and demerits of the Metric system. Tradition and chaos, assailed from many quarters, have been most stoutly and artfully defended by Dr. Maxwell, a champion of remarkable courage and resourcefulness. Not one of his fellow Mediaevalists, skulking in the dark recesses of every ward, has dared to support him in print, yet he alone has held the bridge and the contest is quite undecided. Dr. Maxwell keeps his sword—or at least his pen.

There seems to be pretty general agreement that double ss (or should it be esses?) and circles with dots in the middle are unnecessary and undesirable, and that the differences between the Troy, Avoirdupois, Apothecaries' and American systems are regrettable and highly unscientific. It is equally acknowledged that translations of Imperial to metric doses merely add to the confusion and are (as Dr. Hamill pointed out in a curiously double-edged letter) shockingly inaccurate into the bargain. Neither side is wholehearted or entirely logical in its behaviour. The modernists do not take their liquor in litres and Dr. Maxwell does not (as far as we know) record blood-pressure in inches.

Part of the enmity between the two camps is due to mutual ignorance of each other's methods. The Ancients are puzzled by decimal fractions and pretty well stumped by percentages. We for our part are never quite confident of distinguishing the cabalistic symbols for drachms and ounces. What is needed is a new pharmacopœia with metric doses in sensible quantities, or merely a translation of any continental pharmacopœia. May we hope that the great Scowen will one day perform this task? Meanwhile we shall continue to use the two systems capriciously, and we shall go on getting frightfully muddled and seeing revolting mixtures (as on page 272 of a certain well-known medical textbook). Above all, we must be careful not to worry so much about the notation that we forget the doses themselves. " There is some folks in this world," said Josh Billings in another connection, " who spend their whole time hunting after righteousness and haint got any spare time tew praktiss it."

WHAT WE HAVE TO PUT UP WITH

The urge to see one's name in print is irresistible. A short time ago a letter containing the following sentence was received from a certain Major in the R.A.M.C., who shall be nameless, and who had unfortunately been omitted from our lists of Bart.'s men in the Services:

" As regards your lists of St. Bartholomew's men serving, they are so incomplete that it would have seemed better not to have published them . . ."

Needless to say, this unkind cut provoked a sharp (perhaps too sharp) editorial *riposte*. Major Nameless referred to my letter as " uncivil," and then made a helpful suggestion which a more thoughtful person would have included in his first communication.

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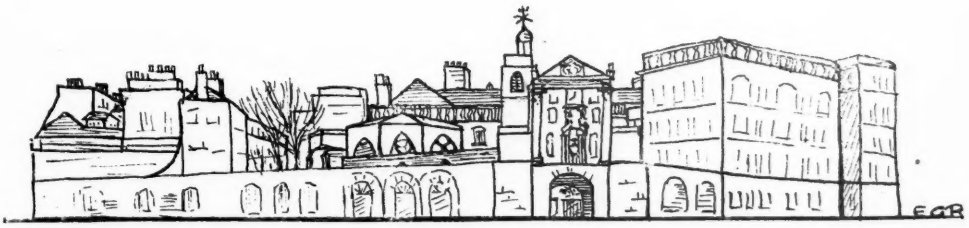
The idea of publishing a list of Bart.'s men in the Services originated outside the Publications Committee. It was received in the Journal Office—we may as well be perfectly frank—with grave misgiving. The editorial staff consists of an A.R.P. officer, an Air Raid Warden, and a Lieutenant in the Home Guard. Our main business (at least theoretically) is medical study and we are all taking examinations. The Journal work has greatly increased since the air-blitz, not least when the office windows were blown out and all the contents buried in half an inch of dust (Major Nameless, by the way, writes from two places which have not, as far as I know, been bombed at all).

Indescribable, therefore, was our relief on being offered a list of Bart.'s men in the Services compiled with considerable difficulty by an independent contributor. The list, containing 227 names, duly appeared in our April number, with a notice clearly stating that the list was not thought to be complete and that more names would be published when possible. Supplementary lists have in due course appeared.

We are extremely sorry that these lists have disappointed some of our readers and can only plead that half a loaf is better than no bread. We earnestly hope that all Bart.'s men serving whose names have so far been omitted will send them to us without delay.

The duties of the Journal staff range from writing news-letters to old Bart.'s men all over the world, to assisting distressed nurses to find the Dunn Lab. It is with profound relief that I reach the end of my editorial term. I like to think, no doubt mistakenly, that in this exciting period the Journal has maintained its standard or even, perhaps, improved a little. The Editor's task is nowadays uphill and exacting, not lightened by comments such as those of Major Nameless. It is difficult for readers to realise the thought and effort required to produce these few simple and uninspiring pages month by month. The work is gladly undertaken only because it is an honour to do anything, however small, to serve the Hospital.



Congratulations to Sir Charles Gordon-Watson, now serving in his third war. A veteran of the South African campaigns, he was a Consulting Surgeon in France and Italy in the last war and is now once again in khaki with the Northern Command. There may be other Bart.'s men serving for the third time; if so, we should be glad to know their names. But none, we feel sure, has served with greater distinction than Sir Charles.

* * * *

We congratulate Mr. I. P. Todd on being elected to one of the Rockefeller Medical Studentships.

* * * *

Every now and then we have requests for back numbers from libraries and other institutions. We do our best to satisfy these demands, but occasionally an issue is completely sold out. The Editors would be most grateful to receive copies of the following numbers of the JOURNAL, of which our supplies are now exhausted: War Edition, Vol. 1, Numbers 1, 2 and 11; Vol. 2, Number 5.

* * * *

Readers will notice that for the first time for many months the JOURNAL contains no Candid Camera snapshot. Two factors combine to bring about this unhappy state of affairs. First, the financial position of the JOURNAL is now so serious that we must cut down expenses wherever we can. Second, almost all members of the Senior Staff have now been successfully caught and our photographer is at present ruining his medical education and wasting the best hours of his life in stalking the extremely

elusive. Whenever he makes a kill, or a particularly fine specimen is secured, the photograph will be published. Meanwhile, we are starting a series of caricatures which we hope will prove equally popular.

September issue

Contributions for the September issue should be received not later than August 14th.

THE FULANI FLOGGINGS

By MARTIN WARE

The West Coast of Africa is indeed the anthropologists' playground. The old doggerel,

" Beware and take heed of the Bight
of Benin,
Where few come out though many
go in,"

supplies the clue to this. Until recent years, when the control of malaria, yellow fever and the dysenteries was worked out and applied, the " Coast " lived up to its reputation as the White Man's Grave, and few had lived there.

The first European visitors were the Portuguese seamen, who by 1472 had explored the West Coast as far as the Bight of Benin. In 1485 Benin itself was visited by John Alfonso d'Aviero. After that date the brutal trade in slaves grew and flourished exceedingly. English, Portuguese, Spanish, French and Dutch slavers all hastened to cash in on this profitable business.

Although Benin was frequently visited the rest of the Interior remained unknown.

It was only in the nineteenth century that English explorers, attempting to solve the riddle of the Niger River, penetrated into central Nigeria. Even then they died like flies. They were murdered by head-hunting natives. They perished from fever, exposure to the sun and starvation. And if they survived these hazards they were drowned in the Niger itself.

In 1830 the Lander brothers proved that the Niger entered the sea by a delta between the bights of Benin and Biafra.

And in 1862 the British colony at Lagos was established.

It is, therefore, only in the last eighty years that the natives, who inhabit the Bush beyond the coastal belt of tropical forest, have been subjected to the influences of European civilisation. Many tribes are still in an extremely primitive condition. For instance, in one town in Southern Nigeria, it is still compulsory for all meat sold in the market to have the skin attached owing to the habit of eating your neighbour. And I have heard reliable accounts of human sacrifice, slavery and head-hunting still persisting to the present day.

With many of the native customs now becoming submerged beneath the combined onslaught of Christianity, our laws and education, I venture to think that the description of a dying native ceremony may be of interest.

Who are the Fulani?

It has long puzzled ethnologists to account for this Mediterranean race which has strayed so far south as Nigeria. Their slender, light to reddish brown bodies, their oval faces with heavy-lashed almond eyes, straight to aquiline noses and finely moulded lips, their ringleted hair and short tufts of beard are in striking contrast to the heavy features and frizzled hair of the negro races.

The most plausible theory of their origin relates them to the Hyskos dynasty of shepherd kings of Egypt. The resemblance between the Fulani features and the portraits of these Pharaohs is said to be exact. They dress their hair in two plaits which fall on either side of their heads, which was the style of hairdressing adopted by the Hyskos kings. They practise circumcision, which traditionally they inherited from the Pharaohs. And, most suggestive of all, the Yola Fulani worship the spirits of two legendary ancestors, Sambas and Kumbas, who are mentioned by Herodotus when writing of the Hyskos dynasty. Other theories relate them to the Phoenicians, the Phrygians and the Semites, as well as to various other hamitic races.

There seems little doubt, however, that they started to migrate from Northern Libya westwards, following the northern border of the Sahara until they reached the Atlantic seaboard, where they turned south to Senegal. Then, at a period variously stated as the thirteenth to the sixteenth

century, they turned eastwards once more and, following this time the southern boundary of the Sahara, they reached Nigeria.

Their method of penetrating a new country throws light on the two great divisions of the race which are found in Nigeria.

It was their practice to enter a new territory as inoffensive nomads with their herds of grey, hump-backed cattle. They infiltrated everywhere. After a while they became sufficiently numerous to seize the reins of government by force. They then rose against the original inhabitants of the country and became its masters. In Nigeria the Fulani now hold political control of all the Muslim states except Bornu. These insurgent conquerors are called the Town Fulani. They have intermarried with the vassal negro races and are rapidly losing their tribal characteristics.

A certain proportion of the Fulani population, however, never became engaged in their tribal wars and have continued to this day to lead the pastoral life of their forebears. These are the Cow Fulani. They have remained pure in race. They neither intermarry with the negroid tribes around them, nor with their racially debased, though more civilised brothers, the Town Fulani. They are to be found all over Northern Nigeria living in rickety, conical wigwams of guinea-corn stalks, pasturing their herds.

Etiquette

It is only among the Cow Fulani that the practice of flogging persists. It appears to have originated as an ordeal to which all the youths of the tribe submitted themselves before they were allowed to marry.

It is significant that the Fulani girls have the absolute right to refuse a suitor, although they are actually betrothed before they have learnt to walk. And a prospective husband who showed cowardice at this supreme trial of endurance might confidently expect to be turned down. Nowadays, although a man who shirked the ordeal would probably get a wife of a sort, he would suffer in prestige; and equally a youth who bore himself bravely would be more likely to win the bride of his choice.

Among the Fulani marriage is comparatively late—the men marrying at twenty-five and the girls when they are about seventeen. Concubinage is practically unknown.

The floggings usually take place at the New Year, Shara, festival. Several tribes collect together for the feasting and dancing, which form a part of the festival. Shero contests are organised—trials of endurance by wrestling and flogging. Men of the same tribe may not flog each other. And after a man has received his quota of lashes, he repays the complement to his assailant a few days later.

Before the Shara the Fulani youths go into strict training. They drink medicines, practice continence, avoid sour milk and starve themselves. The starvation is supposed to lessen the blood flow when they are beaten. Meanwhile leather lashes are prepared and long, springy sticks are toughened in the smoke of wood fires. The sticks are about six feet long and one and a half inches in diameter.

What happens

The Shara was being held in a native village, half a mile outside Kaduna. As I walked up the dusty main street between the rows of mud houses, I heard the sound of drumming and shouting. (I now quote from my diary.) " There was a crowd in the centre of the street. To one side some drummers and the protagonists in the centre. These are young men armed with long, thick staves. On their heads are chaplets of cowries. Their hair is plaited and adorned with gold ornaments. They wear great earrings of metal and bangles. They are stripped to the waist. Round their waists are leather skins, beads, leather jujus, horns, horse-hair, etc. On their ankles are iron janglers. Their women are equally finely decked out.

The drums begin to beat and a free space is cleared by men with staves. The boys begin to shuffle in time with the music; squat. One man goes praising their courage or taunting them; strokes their hair and their chests. They become wilder. Suddenly two or three dash out of the circle of spectators. One raises his hands above his head, and another, taking him by surprise, beats him with all his force over the chest or upper abdomen. He does not move a muscle and in a moment blood and a great weal appear on his body. His girl runs to him and prevents further punishment. . . .

There seem to be umpires who see that only men of equal physique beat each other —a small boy not being allowed to beat a

large one. Sometimes the boys throw off the girls, who try to get between them. One man was lashed with a rhinoceros hide whip, and he did not even trouble to tense his abdominal muscles . . ." And so it went on.

A few further details I can add to this description. It is a common practice for the man who is being flogged to hold cowrie shells in his hands. If he drops them he is disgraced. The Fulani whom I watched were more up-to-date. They held small mirrors in their hands so that they could study their own faces as the blows fell. Three or four strokes is the usual allowance for one man.

The weals eventually turn to keloids which scar their chests for the rest of their lives.

Comparisons

It needs no long search to find parallels to the Fulani floggings. The step from youth to manhood has time and again been symbolised by a test of physical endurance. Whether you turn to George Catlin's description of the hardships and tortures born by the young Iroquois Braves, or to Plutarch's testimony of the Spartan boys in Lycurgus' day—that he himself has seen several of the youths endure whipping to death at the foot of the altar of Diana, surnamed Orthia—or to the floggings which so commonly accompany adolescent circumcision among primitive peoples all over the world, the same practices are to be found.

And lest it be thought that such examples belong exclusively to the barbaric past, I invite you to consider the Public Schools of contemporary England. In which of them is there not a ceremony of solemn and primitive initiation—and usually painful at that! Which of them is not a hot-bed of taboos? Truly the developing foetus is not the only one to climb its family tree.

Anthropologically speaking, there is little to choose between being tossed on a blanket at an expensive Public School and the initiation by flogging at the hands of an aboriginal medicine man.

After all, Evolution takes a long time.

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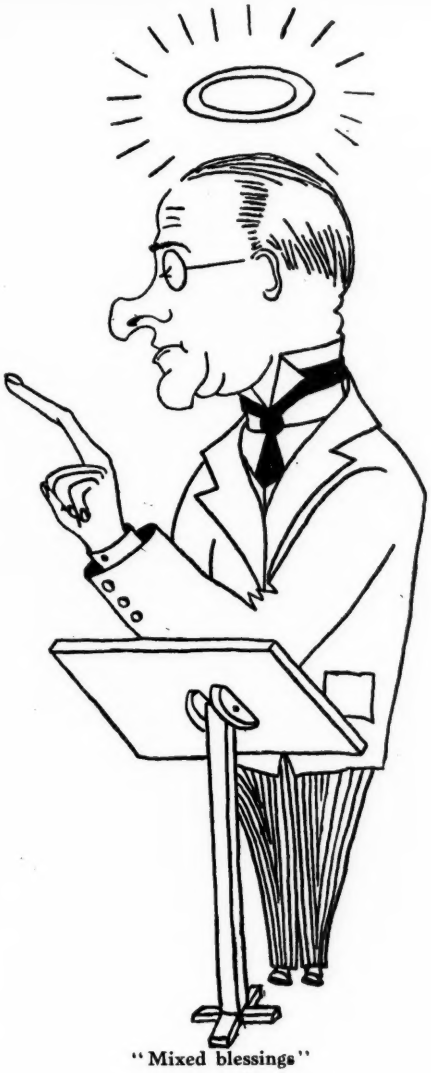
TWILIGHT PIECE

There is a time at evening when the trees
become funereal and close and still,
and one can feel almost perceptively
the shadows of their branches touch and chill.
There is so small a span between the dusk,
the pleasant melting down to hazy blue
and the final snuffing of daylight,
caught unaware—the cold seeps swiftly through.
But one can draw the curtains of one's mind,
and light the lamp and 'liven up the fire;
shut out unrest and shadowy sense of doom
and soothe those nerves that of their labour tire,
forgetting in warm firelight round your head
that men are being born and lying dead.

E. G. R.



"Mixed blessings"

TWO LETTERS

Dear Doctor,

I have been trying on my gas mask, and breath does not come out at my ears. Possibly they want syringing, as I do not easily hear general conversation ——

Yours sincerely,

I. P.

P'raps there's something wrong with the gas mask.

* * *

Dear Doctor B.,

Will you come up and run over Mrs. Smith's little girl, and oblige

—. —.

But don't let the G.M.C. hear of it.

SUPRARENAL RESTS

The presence of accessory suprarenal cortical tissue at operation or autopsy has been recorded fairly frequently by Surgeon and Pathologist in various parts of the body. Attention is called to these records by a case at Hill End Hospital. P.G., aet 14, was admitted on May 11th with a laceration of the right arm and a right indirect inguinal hernia, of both of which he was cured by the time of his discharge on June 5th. During the herniorrhaphy small yellow masses resembling suprarenal tissue were found between the neck of the hernial sac and the spermatic cord in the connective tissue immediately medial to the position of the internal ring; this tissue was removed and, on histological study, revealed large, feebly staining cells with clear cytoplasm, arranged peripherally in clusters, deeply in columns, supported by a thin connective tissue, and centrally they were arranged irregularly.

This tissue belongs to the cortical system, of which, in the higher vertebrates, the suprarenal gland is usually the only representative. No medullary tissue was demonstrated in this case, although many instances are recorded where chromaffin tissue is present. Most of the cases of this accessory cortical tissue reported in the literature relate to autopsy material on the new born and on infants, where, in order of frequency, it occurs beneath the capsule of the kidney; in the immediate vicinity of the suprarenal glands; in the connective tissue between the epididymis and the testis; amongst the tubules of the epididymis; in the broad ligament; on the spermatic cord; about and on the ovarian veins; and rarely in the substance of ovary or testis.

In most cases the tissue appears retrogressive microscopically, especially in the neonatal cases, but occasionally, as in the case reported here, it retains an active appearance; although there has been no clinical evidence of a deficiency of cortical tissue in this patient since the time of operation. Other interesting cases are recorded. Tumours, resembling histologically that recorded by Grawitz in 1883, are reported in this tissue by Glynn (1921), Kolody (1934), Saphir and Parker (1936), in which cases virilism was prominent, being cured by removal of the tumours. A. W. Meyer reports such tissue in the region of the eighth cranial nerve. Our Pathological

Department discovered at an autopsy a large suprarenal " rest " in the connective tissue between the epididymis and the testis of the right side, this being the only suprarenal cortical tissue found in that body; no suprarenal glands were present and there was no evidence of deficiency clinically.

The presence of accessory suprarenal cortical tissue was first described by Morgagni in 1740 in the vicinity of the suprarenals; and at a distance from them by Mauchard in 1883, who collected five cases in seven years, the site being in the broad ligament. Aichel also reported such tissue in the broad ligament in 1900. In 1884 Chiari recorded its presence below the lower pole of the right kidney; in the vicinity of or on the spermatic and ovarian veins and in the broad ligament, " varying in size from a submaxillary gland to a pea." Other recorders of that time were D'Agutolo (1884) and Dagonet (1885), and in 1899 Weisal reviewed the subject, being the first to call attention to the testis and epididymis as a site for such tissue. Since that time many have written on this subject, but the only prominent reference to hernial sacs as a site is that of MacLennan in 1919, who recorded 60 cases in 660 autopsies.

Jaffe (1927), Marine and Bawman (1922), and Lacassaigne and Nyka (1936) refer to the increased frequency with which this accessory tissue is found in animals following double adrenalectomy, it being present in about 8-20 per cent. of normals and 30-60 per cent. of the adrenalectomised.

This aspect of the development of endocrine glands presupposes that the hormonal factors in the body are formed according to the needs of the individual, and not that the latter's activities are directed by the chemical influences of " glands " as many lay people believe. Interesting, too, is the frequency with this tissue is found in the young and the infrequency in later life. Its presence, locality and influence on the body may well enter the ever-widening field of anterior pituitary and hypothalamic research.

Summarising, a case of inguinal hernia in which small masses of suprarenal tissue were found, is recorded. A history of the subject of accessory suprarenal cortical tissue, and of the cases reported, has been made and attention drawn to possible relation to other endocrine factors.

The writer wishes to express his appreciation to Professor J. Paterson Ross for permission to publish the notes of his case, and for his assistance in writing this article, and to Professor G. H. Hadfield for his assistance with the literature relating to the subject.

W. J. A.

A CASE OF ADVANCED ECTOPIC GESTATION

The patient was a primigravida aged 39. She had been married for 19 years and had not used contraceptives. During the eighth month of her pregnancy she went to see her doctor as she had not felt any foetal movements for the preceding fortnight and also thought her breasts were getting smaller. Her doctor advised entry into hospital.

She was admitted to Oster House Maternity Unit a few days later. Her last period had been on October 15th, 1940. During the first six weeks of pregnancy there had been morning vomiting: she never complained of dyspnoea or oedema. Shortly after becoming pregnant she began to experience pain after food, which came on at varying times after her meals and was accompanied by distension or the passage of flatus. She had always been constipated. She first appreciated foetal movements in February, 1941, and they had ceased two weeks prior to admission.

She had had no previous illnesses and there was no history of pelvic inflammation.

The patient was thin and pale and looked ill. Her mouth was clean. There was pallor of the mucous membranes. The heart and lungs were normal and her blood pressure was 110/65. The breasts were small and showed secondary areolae and Montgomery's tubercles.

The abdomen contained an ovoid swelling which naturally, was thought to be the uterus. This extended four fingers' breadth above the umbilicus, i.e., the height of a 28 weeks' pregnancy. The back of the foetus could be felt lying obliquely across the upper and left part of the swelling and the spinal column appeared to be flexed to a considerable extent. Limbs could be made out on the right side and the head was felt nearer the midline in the lower abdomen. The foetal heart could not be heard.

An X-ray plate of the abdomen showed that the foetus was lying in an abnormal attitude with a degree of hyperflexion of the vertebral column which would never have been possible had its ligaments been intact. There was over-riding of the cranial bones. The presentation was a vertex, the head occupying the right iliac fossa.

The urine contained no abnormal substance. A.W.R. was carried out and was negative.

The case was therefore thought to be one of

ordinary intra-uterine pregnancy, in which the foetus had died in utero, and was in the process of maceration. It was decided to carry out a routine medical induction of labour. The patient was given Ol. Ric. oz. 1½, followed an hour later by a hot bath and an enema. An hour after this, Quinine gr x was administered and repeated one hour later. Two hours after the second dose, ½ cc. of piturin was injected intramuscularly, and this was also repeated one hour later.

This produced no result, and a second medical induction was performed twelve days later. This was also unsuccessful, and three days later, the external os still being closed, three laminaria tents were inserted into the cervix under gas and oxygen anæsthesia, and the vagina was packed, the packing being removed three hours later. For four days after this the patient had some bloodstained discharge P.V., and on the second day her temperature rose to 99. It was feared that some mild infection of the lower genital tract might have been set up by the last manoeuvre, and so the patient was given sulphanilamide 1.5 G stat., followed by G 4-hourly for the next seventy-two hours.

During the whole time since admission the patient continued to complain of abdominal pain and flatulence, which were temporarily relieved by alkali. Three weeks after admission she complained of very severe abdominal pain and distension, and vomited 25 ozs. of bile-stained fluid. When seen by the Senior Staff she was vomiting profusely, and had severe colicky pain, chiefly in the epigastrium. Her temperature was 100, and her pulse-rate 120. Her abdominal muscles were so rigid as to render accurate abdominal palpation impossible. On vaginal examination the cervix was found to be small and soft, the external os was closed, and a large mass of soft consistency was felt in front, and to the left of the cervix.

A tentative diagnosis of twisted or infected ovarian cyst, with generalised peritonitis, was made, and an exploratory laparatomy was advised.

On entering the peritoneal cavity, a macerated seven months foetus was found lying free among the abdominal viscera, with its head in the right iliac fossa. The foetus was attached by its cord to a mass of bloodclot and thrombosed placental tissue in the pouch of Douglas and left side of the pelvis. The foetus, shreds of membranes and placenta were removed. The uterus was intact and of normal size. Both Fallopian tubes and ovaries were inextricably mingled with the thrombosed placental site, and their detailed anatomy could not be made out. There was generalised peritonitis, and all the abdominal contents were stained with meconium. The abdomen was closed in layers, and was drained through the lower end of the original incision and also through stab wounds in each flank.

The patient was returned to the ward, and was nursed at first in the Fowler position. A rectal saline drip was given for the twenty-four hours following operation. Soluseptasine in 5 cc. (1 gram) doses was given at 4-hourly intervals for 3½ days, the first dose intravenously and the rest intramuscularly

The drainage tubes were removed one week later. The patient's general condition improved, her temperature became normal, and she was discharged in excellent health three weeks after operation. There was still present a semicystic swelling, probably a hæmatoma, in the left fornix.

The pathological report on the placenta stated that much of it was necrotic, but that well-developed chrionic villi were seen surrounded by bloodclot. Part of the wall of a Fallopian tube was present. Thrombosis had occurred in the vessels.

SUMMARY.

The case described is one of intra-abdominal pregnancy in which the foetus managed to obtain a blood-supply sufficient to enable it to survive for 28 weeks.

As stated, a detailed examination of the tubes and ovaries could not be carried out, and so it was not established as to whether the case was one of primary or secondary abdominal pregnancy, but it must be mentioned that no case of primary abdominal pregnancy has ever been conclusively proved. In any event, the survival of the foetus for so long a time is a considerable rarity. It was fortunate for the patient that the placenta had thrombosed, as otherwise the hæmorrhage from its site of attachment would have been copious and perhaps uncontrollable.

I am indebted to Miss Mocatta, of the Elizabeth Garrett Anderson Hospital at Oster House, for permission to publish the notes of this case.

DAVID WEITZMAN.

THE SQUARE

Marks of destruction leer in all about us,
Shades of the homeless, memories of tears.

Softly the fountain plays upon the waters,
Soothes our distress and calms unwanted fears.

FROM THE PATIENT'S POINT OF VIEW

By a Surgical Registrar

Among so many of the very excellent things which I was taught whilst at Bart's, the dictum that a doctor should always put himself in the place of his patient, is to my mind perhaps the most important of them all. It is so very easy to forget that those rows of patients still awaiting treatment, are indeed human beings, and as such are worthy of consideration and kindness, even though the hour grows late and the body grows weary. After all, from the doctor's point of view, be he general practitioner, consultant, clinical assistant, or resident, a bench load of patients represents so many hours of work, and although to begin with routine ailments such as piles, varicose veins, and the like can be looked upon with a certain semblance of interest, the same cannot be said at the end of the session, more especially if this has been long and irksome. So it almost inevitably comes about that the back benchers suffering from their piles or their varicose veins on an average get shorter shift, and less toleration towards their little peculiarities, than the front benchers. It should be borne in mind, too, that these patients have waited a relatively longer time for their turn to come, and although I have never tried it, I cannot imagine that an Out-patient bench is just the most comfortable seat on which to spend upwards of two or three hours.

For the average patient, his or her first attendance at a hospital must of necessity be something of an ordeal, more especially if the suspected disease involves the breast or pelvic organs, and a little understanding of their shyness in submitting to an examination by the Physician or Surgeon, with possibly some dozen students in attendance, is very desirable. For the fact remains that nobody feels their best when, partially or wholly undressed, they are made to assume undignified positions in order that foreign bodies of various shapes and sizes may be inserted into various orifices for the further enlightenment of the examiner. An example of this occurred in Edinburgh, or was it London? Anyway, a certain gentleman was on the agenda for passage of urethral sounds for a stubborn stricture, and having put himself on the operating table, and having tentatively lowered his trousers, he prepared himself for the forthcoming assault on his stricture. When he saw the surgeon pick up the largest sound, and advance towards him, his courage failed him at the last minute, and he fled from the room. He was eventually brought back and protested loudly, " Gor blimey, Guv'nor, I only want to pass my water, I don't want to rush around putting out no bloody fires."

The attitude which some surgeons adopt in telling their patients that " you have a cancer, and if you don't come into hospital and have an operation you will not get better," always seems to me to be a little crude, not to say unkind, and can surely have but little justification. For the fact remains that possibly that particular patient has waited for an hour or more before being seen, and has spent the time in physical discomfort, coupled with mental anguish. Moreover, he or she has probably at long last only just plucked up sufficient courage to come to hospital, a place which by many, especially of the poorer classes, is looked upon with grave suspicion combined with deep fear.

Here I should like to digress for a few moments, and go on to relate what happened to me once, when I wished to perform a vaginal examination on an Out-patient. In this particular instance she was an elderly body of some 60 odd years, and she complained of blood and slime from the passage, front understood. When I said, " Well, Mrs. Smith, I shall have to do an internal examination to try and locate the disease," she, thinking I imagine that this meant an operation, replied, " I don't want to be cut, doctor, and I'm not having it." I then went on to explain this examination in simple terms, but she again refused, adding that she was too old for that kind of thing now!!

And so from the Out-patient department to the ward. Here again all must be of the utmost strangeness to the new patient, a strangeness which is also allied to acute apprehension for what to-morrow holds in store, for is it not an established fact that the unknown always produces in us a sense of fear, and undoubtedly any major surgical procedure must fall under this heading. Surely it takes but little imagination to place ourselves in the place of our patients. Just think for a moment of all it means to a man or woman, leaving his or her home, to come into hospital for a major operation. The receipt of the hospital post card announcing the vacant bed, the hurried farewells to near relatives and friends (for

quite often the notice given is inadequate), the journey to the hospital, the arrival there, the usual frenzied search to find the Almoner's office, and then the arrival at the appropriate ward, where occasionally a chilly reception is given by the sister, because, owing to a mistake on the resident's part, there is not a bed available; and finally come the last fond farewells in the ward, and the feeling of utter loneliness produced by strange companions, and stranger surroundings. Is it any wonder, then, that sometimes a doctor in charge forms an incorrect opinion of the case? In this instance I recall an occasion when, as a House Surgeon, I was doing a ward round with my chief. All went smoothly until bed No. 6 was reached, and as she (for it was a women's ward) had only just been admitted, she was asked what was the matter. "Well, Sir," was the reply, "I really feel a fraud, I feel too well to be lying here." "Perfectly splendid," said my chief, "then you go straight home this afternoon!"

It is really only natural that we, who deal with so many patients of one sort and another, should tend to look upon them as cases, and thus fail to realise that to the subject of the impending cholecystectomy, or appendicectomy, it is sometimes far more than just ordinary routine material; it is, in fact, to them the most important operation of the day, if not of the year, and is quite possibly the most important and dreaded event of their lives, and indeed it may turn out to be the last event ever!

I once worked with a surgeon, who used frequently to state to his young and enthusiastic residents, that every surgeon should have an operation once in six months, and that every anæsthetist should have an anæsthetic once in three months, and then they would assuredly know what their patients had to endure. It is certainly true that personal experience makes a world of difference, and a doctor naturally enough tends to show much more interest in a condition similar to his own, than in one suffering from a pathological lesion of which he has had no personal experience. He is also far more sympathetic to the former, for a fellow feeling makes us wondrous kind.

Another factor worthy of consideration, especially among the newly qualified House Surgeons or Surgeons, is the ever present desire for more and more cases upon which to operate, and so it occasionally comes about that patients have their operations either when they are ill prepared, or worse still, when more conservative measures would suffice. It is also a strong temptation, especially when the operating list is getting shorter and shorter, as the cases drop out, for one reason or another, to say, "Oh well, mister, I think it will be all right to do so and so to-morrow, even though she has a slight cough, or even though you haven't had much time to prepare her." It is also so easy to say to your patients, "Well, you know, if I were you, I would have an operation and have the disease taken away," but if the situation were to be reversed, would you? I think it is well to consider it from this angle in every case, before advising surgery, and it is also well to bear in mind the established fact that doctors are usually the last people to seek radical treatment.

A cynic once remarked that from the patient's point of view it was a very bad thing to be an interesting case, but on the other hand it was an excellent thing to be an uninteresting case, for in the former recovery was not to be anticipated, whilst in the latter case it was. To a certain extent this is true, for most interesting cases, *e.g.*, the undiagnosed but intensely interesting abdominal swelling, turn out to be incurable, whilst a hernia operation with its high rate of cure is considered to be definitely dull, and of very little interest to any apart from the patient. How often is the remark made, "Mr. Jones only has two hernias and a fissure in ano this afternoon —very dull." But if Mr. Jones is operating on a carcinoma of the stomach or rectum, the afternoon's work may well be alluded to as quite a decent list, and really well worth while getting the theatre ready, although from the patient's point of view precisely the reverse is the case. Another tendency to be guarded against is the desire to pass over those cases which are not doing well, either from your own fault, or from nobody's fault, and when conducting a ward round to focus yours, and everybody else's attention on those cases which are progressing to your liking. A moment's reflection will quickly show that this is again the wrong way round. The patient making the uninterrupted recovery is really in no need of undue attention, the mere fact of daily getting stronger, and so consequently daily getting nearer going home, is sufficient in itself to buoy up their spirits. It is the poor patients who are

making little or no headway on the road to recovery, who surely need the closer attention and understanding of their medical advisers, even though to him this may remind him of a failure, and hence be distasteful to his peace of mind. But all man is vain, and we like to dwell upon our successes, and pass over our failures, leaving their final disposal to some other branch of the profession, or trade.

Before leaving the ward and going to the theatre, let us sum up the situation of the new patient arriving in the ward by comparing it with the arrival of a new guest at an hotel, and when one considers how strange the latter can feel, is it surprising that the former also feels definitely " not at home "?

To most patients the theatre is the hidden chamber of horrors, and the journey to this theatre for the average non-premedicated patient can only be one of acute apprehension, the anæsthetic usually being more feared than the actual cutting part of the operation. Once again, we can aptly compare this with a viva voce examination, and who among us can truthfully say that he entered the room and faced his examiners across the green baize table without experiencing that sinking feeling? The candidates who are failed in the operating theatre, get nothing less than a white slip, and they have no chance to sit again; quite different from the disappointed examinee who may sit as often as he likes and at a reduced fee!

Most of the foregoing concerns more especially the hospital patient with the surgical lesion, but applies equally to almost all types. It happens that so far my experience has mainly been with this class of patient, a class which of necessity must go through more mental anguish than their medical brethren, and it is therefore with this group which we are most concerned. I feel then that we should all constantly remember to put ourselves in the place of our patients, and more especially the younger members of the profession, who only too naturally want to see as much living pathology as is possible in a given time. So much is continually being written on medicine in all its branches, that I think a few words on the patient's point of view is not out of place, and indeed would go further and state that I consider it to be of more importance to the newly qualified than a learned article on an obscure disease, which in all probability is incurable, though of course intensely interesting. It behoves each of us, then, to see that we are as far as possible punctual in our appointments, and this applies especially to hospital clinics, where not uncommonly there is a considerable wait before the doctor arrives, and here, too, we must try and be as pleasant to the last patient as we were to the first, even though several tedious hours may elapse between the two, for after all it is through no fault of the patient that he or she comes in at the end of the session. In some go-ahead hospitals, an out-patient appointments bureau has been instituted, and this definitely helps to cut down the patients' waiting time very considerably, each patient being given a time to attend, in the same manner that private consultations are arranged. In this connection, too, it is obviously thoughtless to have some half-dozen patients of both sexes and all ages, sitting or standing around the room, when the consultant is questioning a new case. It really does not save much, if any, time in the long run, and on occasion may cause acute embarrassment to the patient, and no doctor, however skilful, would succeed in private if he tried to deal with half-a-dozen of his patients together. Another smaller point, but one well worth bearing in mind, is that the nurse in charge should not call out just Smith, Jones, or Brown, but should add a Mr, or Mrs., as this gives to the department a more human note; for we must ever bear in mind the blatant fact that to the patient their case is the only one which really matters, just as it surely would be if we ourselves were in their place. Even though all the above has been fulfilled, however, there will always be a certain number of misunderstandings, as witnessed by the story of the old charlady, who had been sent up to hospital by her doctor for an opinion on her diabetes. Returning from this hospital, she is reputed to have told her neighbour that " she warn't going to that there 'orspital no more, for she had been treated with insolence, and told to take Secotine in her tea! "

Having advised an operation, we must see to it that the patient is not kept waiting an undue length of time in the anæsthetic room, because the surgeon either cannot or will not be punctual. It must be decidedly unpleasant, to say the least of it, waiting all dressed up in peculiar garments for the

show to open, and in many cases anticipation is worse than realisation. It must be even more unpleasant to have your operation postponed to another day, when you have got all keyed up for the dreaded event, and have been waiting foodless for some hours, only then to be informed, "you are not having your operation to-day." As far as possible all operation cases should be given suitable pre-medication, and this is especially so in children. It has been said that no fit child should be allowed to come to the operating theatre in full possession of his or her faculties, and I think with this few will disagree. Operations should only be postponed for very definite reasons, and these reasons should be decidedly rare. Similarly, the time of the operation should be strictly adhered to so far as is humanly possible.

When operating under local or spinal anæsthesia, the nurse in charge should see to it that her patient's eyes are adequately covered, and that everything is made as comfortable as possible. In this connection I have found by personal experience that nine nurses out of ten allow their patients' heads to be either flat or even hyper-extended when on the operating table, and unless there are definite indications for this position it should be remedied immediately for we all know how very uncomfortable it is to lie with our heads flat, and what a difference a pillow or two makes. I usually tell the nurse in charge of the conscious patient, that he or she is our guest for the duration of the operation, and as such is worthy of the same consideration as we would afford to a guest visiting us at home.

As far as is possible, too, all patients should be told what the surgeon proposes to do, and the approximate length of stay in hospital, so that they may make the necessary arrangements before being admitted. It goes without saying that such operations as colostomies and cystostomies should not be done without first explaining to the patient the whys and wherefores of such a procedure. I do not, of course, advocate telling them they have a "cancerous growth," but quite naturally they wish to know what is the matter, in the same way that a doctor expects a garage mechanic to tell him what is the matter with his car engine; he would never dream of leaving it for a week or two, and then paying a substantial bill without first expecting some sort of a diagnosis. The same, surely, applies to the human body as to the internal combustion engine.

In writing the above, I do so in no sense of criticism, for I am sure the vast majority of doctors, be they consultants, general practitioners, or residents (it was on the end of my pen to say mere residents!) fulfil their obligations to their patients in a most praiseworthy way, but it does not do to become too self-satisfied, and I feel that a little reflection on the lines which I have tried to follow, will surely do good both to the experienced and the non-experienced, chiefly of course to the latter. From my own personal point of view, I find I have constantly to be on my guard against committing the errors which I have mentioned in this article, and I do not think that I am alone in my shortcomings. In some ways, it is a great pity that surgery is so pleasant, and that cholecystectomies, gastrectomies, and the like are really such good fun (to the surgeon understood, of course). I often wonder if the reverse were to be the case, and if operating became somewhat unpleasant, such for example as bladder and colostomy wash-outs, if as many operations would be performed!

In conclusion, I would once again impress upon all doctors to remember to place themselves in their patient's position before advising any drastic measures. I feel sure that a doctor who always carries this out automatically becomes a first-rate medical adviser, and as such is worthy of the great name of Bart.'s.

EDITOR'S NOTE

Subscription rates for the Journal are: Life, £5 5s.; 5 years, £1 11s. 6d.; annual, 7s. 6d. Readers are reminded that these rates bear no relation to the nominal charge of 4d. per copy made to students, to limit numbers in view of paper shortage; 4d. actually by no means covers the cost of producing one copy.

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CORRESPONDENCE

MEDICINE AND SOCIOLOGY

To the Editor, St. Bartholomew's Hospital Journal

Dear Sir,

In his letter published in your June number, the author of "Medicine and Sociology" rightly calls attention to one of the most critical issues which arises in any State Medical Service, which is the subordination of the clinical and general medical staff to the medical administrators, with the consequent aggrandisement of the latter.

As a retired member of the West African Medical Staff (which was one form of State Service) my experience is that the position of the clinicians and the ordinary medical officers in the service was almost intolerable. The executive staff was, in my days, largely recruited from officers who had no real liking for medicine, but who were glad to be relieved of ordinary medical duties in order to sit in an office and do clerical work until it was time to retire on pension—though what qualifications they possessed for these posts other than that of seniority I never could ascertain.

I well remember when, as a specialist, I refused on two occasions to have my name submitted for a post of Assistant Director which was becoming vacant, the astonishment of one of my colleagues who candidly admitted he was "longing for the day when he could chuck down his stethoscope, never see another patient but sit in an office and do paper work." This ambition, I may say, he ultimately achieved.

That such an attitude of mind can arise in a service does not augur well for the success of a State Service in the United Kingdom.

As far as I could gather the real practical use of the medical administrators was to see that the decisions of the lay executive were carried out, whether they were detrimental to the medical profession or not. They form in fact the buffer between bureaucracy and the doctors.

The acid test of a State Service should be: "Will it benefit the public and the public health?" If it leads to the heart burnings and discontent among the medical profession that were present in the West African Medical Staff in my days, it certainly will not—for unless the profession is contented it cannot serve the public satisfactorily.

I enclose my card and remain,

Yours faithfully,

EX-AFRICA.

Bath.
June 17th, 1941.

THOMAS JOHNSON

To the Editor, St. Bartholomew's Hospital Journal

Sir,

The article by Dr. Hugh Thursfield in your June issue on Thomas Johnson, the gallant herbalist who lost his life from wounds received in the defence of Basing House in 1644, is of particular interest to me as I have always been intrigued by the defence of Basing for over two years against the forces of the Parliament—one of the finest feats of the Royalists during the civil war. Even after Naseby, "Loyalty House" as it was called, continued to hold out, and in the end Cromwell himself had to come and take it. On a number of occasions I have visited Old Basing to try and find out more about that epic affair.

Thanks to the owner, Lord Bolton, a descendant of the famous Marquis of Winchester who defended Basing so stubbornly, there is an excellent little museum in the grounds: and there is also a beautiful example of one of the original dovecots in perfect preservation that can be seen on request. Like Dr. Thursfield, I missed the bullet marks on the church door at first, but on a more careful examination later found them easily at the lower end of the door with a round bullet still embedded in the woodwork. The place of interment of Colonel Johnson I had the opportunity of discussing with Captain Lewellyn, Lord Bolton's agent, at my last visit. There seems to be little doubt that Johnson was buried in the old orchard of Basing House which was used as a burial place for members of the garrison who fell during the siege: the church then being in the hands of the enemy who (*more suo*) did not hesitate to desecrate the family tomb of the Paulets, even melting down the lead coffins to make bullets. No more suitable resting place could have been found for the bones of Thomas Johnson than this garden of herbs and fruit trees that is carefully preserved from interference and surrounded by the old brick walls—the warm crimson glow of which in the evening sun is a sight to be remembered.

The motto of the Marquis of Winchester was "Love Loyalty," and this in French seems to have been painted on the windows of coloured glass, fragments of which can be seen in the museum. This motto appeared to me to be a bit over-sentimental and vague until one day I discovered that the old Sussex family of Poynings (from the village of the same name near Brighton) had as their motto "Loyalty knows no fear"—a sentiment nobly acted up to as the Poynings sacrificed themselves in the service of their kings until the male line became extinct. The Paulets, I believe, were descended from them through the St. Johns who with the Percys inherited the lands of the Poynings by marriage with the surviving ladies of that family.

I hope that Dr. Thursfield will continue his historical researches and give us another paper on such an interesting theme; especially as Basing House is so close to his residence, and no really adequate description of its defence seems to be available.

Yours faithfully,

M. H. GORDON.

June 28th, 1941.

WAR NEUROSES

To the Editor, St. Bartholomew's Hospital Journal

Dear Sir,

Bismarck once remarked that it was fortunate that war was so expensive a business otherwise one might be tempted to get too fond of it. The year 1940-1, if it has achieved nothing else, has at any rate removed from all sane peoples such a temptation. We recognise at last that war is more than a physical disaster; it has in fact far-reaching dangers for the trinity of mind, body and soul. In the realm of the mind, nothing is more deplorable than the neuroses that are engendered by war and war thinking.

The need for planning a post war world is assuming the proportions of a neurosis. The fact that our efforts should be entirely directed to securing victory has escaped several theorists who are quarrelling busily as to what they should do when victory arrives. Here again, the *British Medical Journal* is filled with letters from extremely vocal persons who are discussing with finality the advantages of a State Medical Service for all.

The arguments on both sides show lamentable signs of a neurosis. The protagonists of a State Medical Service write as if the building of a few thousand research stations, massive clinics, the provision of consultants for all at the price of a few pence per week, are mere trivialities. This view (especially as to the building plans) may not find overwhelming support from those where houses, businesses and even consulting rooms are at present heaps of rubble.

Whenever I hear the puerilities of such a massive scheme of re-fashioning of the medical profession, I always feel tempted to add an original suggestion, that of the provision of competent Witch Doctors for the benefit of some thousands of panel patients who are themselves the victims of neuroses. I am certain that an efficient witch doctor could overcome the neuroses of some panel patients far more effectively than the gallons of Valerian and Pot Brom. mixtures that such unfortunates have to swallow. And since the State is to pay for it, surely a Witch Doctor could be but a trivial expense, provided he is averse to human sacrifices or at any rate a convert from such practices. There can be no doubt that the Witch Doctor will have his place in any scheme of a State Medical Service that will satisfy all. Under the present regime of private practice the "chronic" is deterred form pestering his doctor with imaginary ailments simply because he knows that he will be confronted with a bill for having wasted the doctor's time. But under a State Medical Service such a consideration will not exist and any "chronic" will have an inalienable right to invent illnesses for whose cure no one is as useful as the Witch Doctor.

It is regrettable that the B.M.A. itself does not give a lead in clear thinking. That excellent body although sufficiently worried as to appoint a Commission to discuss Post War problems has allowed future problems to become a neurosis. While doing so, there has been a bland indifference to present problems which after all should be a more pressing consideration. In smaller problems such as affect thousands of doctors, the B.M.A. evince an indifference, which though majestic, is comfortless to the G.P. To give an example, the B.M.A. through Parliamentary channels has never seen fit to draw attention to the fact that contraceptives are exempt from the Purchase Tax but ordinary drugs are not. It is apparently a work of National Importance to prevent life but attempts to save it should be regarded as luxuries within the scope of the Purchase Tax. I think hardly anyone, outside a lunatic asylum, will assume that contraceptives are more essential to the human race than, say coramine and respiratory stimulants, all of which are taxed at 16⅔%. If the B.M.A. had directed as much attention to this question as to the neurosis of Post War planning, the result would have reflected more credit on the level of intelligence of the medical profession.

Further, though letters do appear in the *B.M.J.*, there has been little understanding of the position of consultants in the E.M.S. As I have no reasonable hope of being mistaken for a consultant, my concern for them is purely disinterested and in no case a neurosis. But the B.M.A. are scarcely worried about the consultant's problems. It is according to the B.M.A. vital to plan for *after* the war but quite pedantic to worry about what is happening during the war. Thus, provincial consultants in the E.M.S. are being rewarded with fees, based apparently on the rates of pay given to unskilled workers in industry. In some instances, the magnificent reward of a few shillings has been accorded to a consultant and the fact that the average plumber would reject it with scorn is no matter for getting excited.

But seriously, we do not realise what a neurosis this talk of a Post War World is. We have learnt nothing from the last World War when the prevailing neurosis was "Hang the Kaiser." Nor do we realise that such a neurosis becomes metamorphosed into "Save the Children." It is rather devastating to realise that the German innocents so saved waxed sufficiently fat as to grow into sturdy Nazis and are repaying our kindness with interest at Plymouth, Coventry, London and Merseyside. "Save the Children" (German of course!) was as much of a mass obsession as the idiocy of "Hang the Kaiser," which won the elections of 1918.

We need to rid ourselves of neuroses; to work harder, think clearer, and give slogans a well-earned rest. We need to win the War on simpler acts than vocal extravagances. I can visualise a Post War world, exactly as I can and do visualise a victorious England, but no slogan or group of slogans can help me to do so. I can go farther, I can see a peaceful countryside, spoiled by one thing, a hoarding and on that hoarding a decaying poster—"GO TO IT."

Yours faithfully,

ROGER M. NOORDIN.

OBSCURE

To the Editor, St. Bartholomew's Hospital Journal

Dear Sir,

In the arts of life man invents nothing; but in the arts of death he outdoes Nature herself, and produces by chemistry and machinery all the slaughter of plague, pestilence, and famine.—Bernard Shaw.

The above quotation from the Celebrated *Art Critic* and *Dramatist*, certainly would seem that even his special *Arts* had done nothing to really relieve stricken Humanity. Yet surely some of your staff (especially one with the great knowledge he has of all the accessory *Arts* in Literature, namely Sir Walter *Langdon-Brown*) could defend "*The Science and Art of Surgery and Medicine*," as depicted in the many Professorships in those Arts, and in the titles of so many Printed *Works* on those same topics.

Oddly The *Abernethian Society* some years back asked G.B.S. to give his views on "*The Medical* and *Surgical*' Profession in *general*. And all he could do was to assert that it was only unqualified *Quacks* who had real skill in their daily Practice!!!

From the moment that *Listerism* was applied to the System of Surgical "*Art*," and from the time

when *Anti Vaccines* to such Fevers as *Typhoid*, and others, then indeed did the saving of thousands (nay millions) of lives in the very fields of those *Chemistry* Fiends as applied to *War*.

So I would hope that you could stimulate some form of eulogy on behalf of "*The Art* of *Surgery*, and the *Art* of *Medicine*," meaning thereby that these two branches have to blend into one.

When I entered *St. Bartholomew's Medical College* in 1870, the *Franco Prussian War* was in full swing, and "*Listerism*" was the outcome of this. Sir *William MacCormac* returning from the *War*, was elected to *St. Thomas's Hospital Surgical Staff* to instil this new development. But *St. Bart.'s* waited until July, 1876, when *Thomas Smith* (*Sir*) sent his house surgeon, *Mr. Mark Vernon* (*of Horsham*) to Edinburgh, and it was almost immediately after this that *Lockwood* seriously raised the *Aseptic School of Surgery* to its proper level.

J. K. B.

[*Sic*!—Ed.]

A WELCOME OUTBURST

To the Editor, St. Bartholomew's Hospital Journal

Dear Sir,

I should like to say how much I enjoyed the last Journal, especially Professor Gask's note on D'Arcy. The paper and printing of the Journal are as good as ever, and the contents witty and excellent. Please excuse this outburst.

Yours faithfully,

H. E. BLOXSOME.

[Greatly appreciated.—Ed.]

This month's News would hardly be news without a brief report on the great manœuvres, in which there participated an armoured train, mechanised units, parachute troops, aeroplanes and Bart.'s students.

In order to distinguish between friend and foe the enemy wore tin hats. We wore field service caps, and Sunday, it is rumoured, was the hottest day on record in East Anglia, these two facts having a significant connection. The sun struck hard for the enemy and the ambulance put in some useful practice on authentic cases of sunstroke.

Yes, the yellow orb played a leading role in undermining our physical resistance. While the enemy pranced hither and thither in tantalisingly short shorts we suffered the skin-sizzling heat in heavy serge and leaden boots.

For some of us the long day offered little save prolonged snatches of sleep, corned beef and biscuits and quantities of tea.

More might be said of the way we held the bridges and of the assault on Ely, a desperate scheme involving a lorry-load of desperadoes determined to pierce the enemy defences and slaughter the opposing general and his merry men.

This scheme might well have been successful had it not been for the happy discovery that Ely was still in our hands when we were half-way to our destination.

D. A. D.

BOAT CLUB: MAY RACES

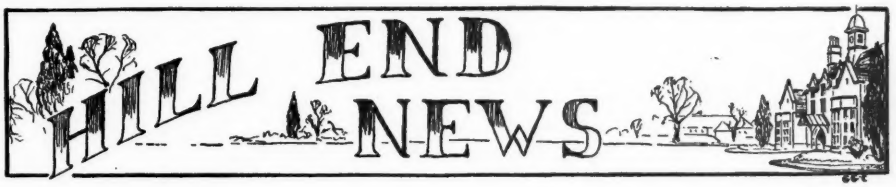
Our boat was entered for the Wartime May races. The Coaches were Anderson and Lee Wilson from Magdalen College, who changed the style to a shorter stroke and higher rate of striking which considerably improved the balance.

After a time-race for the London Boats, the boat was placed low in the second division, out of four divisions. On the first day Pembroke III were bumped after forty strokes at a very high rate of striking; a branch was stuck in the cox's blazer and cries of "Well rowed Bart.'s!" issued from those people on the bank who knew it was the Bart.'s boat.

On the second day Caius II were chased along the course with no appreciable result except sixteen very weary men and two hoarse coxes.

On the third day the boat got away to a good start and slowly overhauled Caius II, until a bump seemed imminent, when Caius suddenly spurted and widened the gap to over a length; this may have been due to a female, one cannot call her otherwise, on the bank who screamed "Come on Whites!" to cheer us on. The crew rallied and started to shorten the gap until, at half a length, the Rob-Nines, a town boat, came up with a spurt and gently tapped the rudder with their bows.

Boat: Ingles (bow), Dawson, A. M., Thomson, J. L. G., Haire, Sheldon, Orr-Hughes (Capt.), Hilton-Spratt, Patuck (stroke), Jones, V. B. (cox). Bath.



The recent exodus of the more senior students to Bart.'s has left a very noticeable gap at Hill End, and as yet we have not accustomed ourselves to their absence. So many of the well-known faces and the divers pursuits we associated with them have disappeared. No longer does the roar of a red and rather smelly motor-bike disturb our slumbers, and its owner is sadly missed at the head of a well-known matrimonial agency. No longer does our Romeo pace the hospital corridors in the early hours of the morn looking for his Juliet. No longer does the odour of a camp fire and fried bread pervade the evening breeze as it rustles over the hospital lawns. The concentration of the representatives of a well-known Surrey school is reduced, and one in particular is missed by the milkman on his early round. Even Charley's seems different without its scholastic atmosphere, and the garden of a local hostelry no longer resounds to certain well-known choruses. Stooge Hall has undergone a great upheaval, and now has seven new occupants. The fact that we miss all these old friends is convincing testimony of their worth, but to two of them in particular must we pay tribute, Brenan and Castleden. During their stay at Hill End, they have worked far harder for the Students' Union and the Hill End Bart.'s Club than most people imagine, and to them are due many of the privileges and regular social functions which we now enjoy. Many thanks, Agger and Loo! To the new people who have just arrived, and to those who will be arriving shortly, we extend greetings, and good wishes for a happy stay at Hill End. The presence amongst us of so many aspirants to the Primary Fellowship makes us feel rather embarrassed about our own meagre knowledge of anatomy! From you all we expect great things, both academically and socially.

Social events, apart from cricket and tennis, have been fewer, the clement weather proving a greater attraction than any indoor event. The Hill End Players perspired their way through "Young Idea," a farce by Noel Coward. A free account of the production appears elsewhere in this issue, but as one not unconnected with the show, I can assure you that the heat on the stage was even greater than in the hall. The gramophone recitals still attract a regular complement of listeners, and there is good evidence that the greater variety shown in the selection of the programmes is appreciated. Incidentally, a little less noise from the back of the hall would be appreciated by the remainder of the audience. The farewell dance held on July 4th was quite well attended, and we were glad to see so many from Bart.'s.

At an election held in June, the following positions were filled:—

To the Students' Union and Hill End Bart.'s Club:

O. A. Sills,
P. R. B. Sankey.

To the Hill End Bart.'s Club:

W. D. Linsell.

An account of the activities of the Cricket and Tennis Clubs will appear in the next issue.

"THE YOUNG IDEA"

Noel Coward has always enjoyed skating on the thin ice of sophistication—and that very prettily. In this play the Hill End Bart.'s Players showed us that they have no difficulty in performing on the slippery surface of Coward's surface-ice, as well as exposing the sentiment lying beneath.

Gerald Goodall-Copestake's scenic effects were suitably correct in their country-house atmosphere, and the problem of suggesting sunny Italy was skilfully solved.

The difficulties of production must have been more than exasperating in the June heat, especially when one considers the malicious attacks of Chicken-pox on key members of the cast. The unfair obstacles might have caused less enthusiastic producers to wilt—but not so E. Mackay-Scollay, who took the situation so skilfully in hand that the absence of one member of the cast was hardly noticeable. One suspects, however, that some of his sweeps into the centre of the stage and out again, a little reminiscent of recent R.A.F. procedure in France, were designed to conceal inevitable gaps in the dialogue.

The play is of course written for those who take the parts of Gerda and Sholto, the two representatives of the young (and sentimental) Idea of re-uniting their divorced parents. Kathleen Rees as Gerda has a great chance, and takes it with

both hands. One feels that she puts on the cloak of Gerda's personality down to the finest nuances of facial expression and movement. Hers was a sensitive, bright, even mercurial performance.

Ewart Mackay-Scollay as Sholto seemed to be saturated with the Latin version of ingenuousness so different from the Anglo-Saxon form. This latter aspect of simplicity by repression provides the contrasting background, setting off the two bright young Latins. It was most amusingly drawn by Dilys Hughes and George Morse. The latter's depressed outbursts bore more than a faint resemblance to the neighing of his favourite hunter. Dilys Hughes' " teeny-weeny " speeches were unfortunately so teeny-weeny as to be at times almost inaudible, but they lost very little of their appeal for all that. Of the two hunting pairs Joanna Brock and David Street were the more " horsey."

Barbara Taylor shouldered the most difficult part in the play with a success due, I thought, to her ability to express herself with her hands while retaining rigid control over the muscles of her face. This heightened the sense of inner tension in Cicely, the second wife. Gordon Ramsay as the husband, the prize in the tug-of-war, was admirable in his rocky grandeur. But at the end of the last scene he did find it a little difficult to express the volcano within.

Jean Sawers packed into her one scene a plethora of sinuous movement, and insinuating speech which completely overwhelmed the faint but chewing personality of the dollar king, Hiram J. Walkin. Kenneth Irving, one hopes need not be warned against the ease of establishing the unpleasant habits he so realistically portrayed.

Derek Duff battled with an ungrateful part. He will forgive, I am sure, the reminder that the left arm is capable of a variety of gestures.

Peggy Baldwin and Frank Morriss were atmospheric in their brief entrances and exits.

With two interesting plays, well interpreted, it is sad to contemplate that the forces of fate ordain that many members of the company of the Hill End Bart.'s Players must leave us. I would like to voice a general hope that they will manage to continue to present to us examples of their enthusiasm and artistry.

K. D. K.

Fondness for Friern grows on one. I wrote that once before in one of these communiques and I stick to it in spite of anything that crocus admirers or clerihew composers may say. Friern is much maligned and cruelly treated in the Journal. Summer is no less enjoyable at Friern than anywhere else, and if you want peace and quiet, repose and uninterrupted study, go to Friern. At the moment of writing friars are few and activities are at a minimum, for the Vacation is " on." But before this Journal reaches the public, lectures and rounds will once again be in full swing. It is a pity that Garwood (about whom agreeable things have sometimes been said in this column) finds no substitute for himself when he goes away.

And if we *must* have clerihews, what about this?

Friern
Isn't really half as tryin'
As some people say whose views
Are frequently aired in the Friern News.

GOBBO.

CONJOINT BOARD *

FINAL EXAMINATION APRIL 1941

Pathology

Jackson, B., Manson, C. N. S., Dangerfield, W. G., Craike, W. H., Ogilvie, K. R., Rosten, M., Arulanandom, V. R., Heyland, R. H., Archer, R. M., Bickford, J. A. R., Fison, T. N., Wilson, H. L. J., Douglas-Jones, A. P., Stansfeld, J. M., Laybourne, M. N., Grandage, C. L., Stone, P. H. D., Fraser, F. E., Watson, P. C., Pitt, N. M. F. P., Phillips, J. H. C.

Medicine

Haile, J. P., Cooper, C. F., Klidjian, A., Boyle, A. C., Howick Smith, C., Evans, D. T. R., Thompson, J. H., Galvan, R. M., Manson, C. N. S., Dangerfield, W. G., Robertson, J. A., Craike, W. H., Nabi, R. A., Pzeshgi, H., Sinha, K. N., Ogilvie, K. R., Arulanandom, V. R., Archer, R. M., Shah, J., Silbiger, B., Howells, G., Jacobs, D. K., Harland, D. H. C., Roberts, T. M. C., Bell, R. C., Acres, G. C., Whitmore, G. L., Parker, K. H. J. B., Citron, R., Turner, E. G.

Surgery

Hall, T. E., Jones, H. M., Mariani, G., Helm, H. G., Cooper, C. F., Stone, P. H. D., Sadler, J. A., Routledge, R. T., Isenberg, H., Conte-Mendoza, H., Birch, J., Ogilvie, K. R., Arulanandom, V. R., Laybourne, M. N., Grandage, C. L., Johnstone, J. S., Holmes-Smith,

* A celebrated friar suggested that it would be only fair to print examination results in the Friern News.

A., Heffernan, H. N., Maconochie, A. D. A., Sinha, K. N., Bromley, W. A., Bates, M., Atkinson, W. J., Currie, D., Henderson, R. S., Lunn, G. M., Khan, H. H., Miller, P. J., Champ, C. J., Connolly, R. C., Aston, J. N., D'Silva, J. L., Kapoor, K. G.

Midwifery

Hall, W. S., Coupland, H. G., Bickford, J. A. R., McAfee, L. A., Loughborough, J. D., Canti, G., Barasi, F., Brown, K. T., Evans, J. W. G., Wilson, H. L. J., Douglas-Jones, A. P., Stansfeld, J. M., Bone, D. H., Edwards, C. O., Bates, M., Cullen, E. D., Currie, D., Gavurin, H., Henderson, R. S., Hinds, S. J., Lim, K. H., Lunn, G. M., Khan, H. H., Miller, P. J., Hall, R. L., Leven, M., Slowe, J. J., Schofield, R. D. W., Vincent, S. E.

The following students have completed the examinations for the Diplomas of M.R.C.S., L.R.C.P., and have had the Diplomas conferred on them:—

Manson, C. N. S., Craike, W. H., Ogilvie, K. R., Arulanandom, V. R., Cooper, C. F., Klidjian, A., Boyle, A. C., Thompson, J. H., Galvan, R. M., Sinha, K. N., Harland, D. H. C., Roberts, T. M. C., Bell, R. C., Acres, G. C., Whitmore, G. L., Parker, K. H. J. B., Hall, T. E., Jones, H. M., Helm, H. G., Sadler, J. A., Conte-Mendoza, H., Johnstone, J. S., Holmes-Smith, A., Bates, M., Henderson, R. S., Khan, H. H., Miller, P. J., Connolly, R. C., Barasi, F., Brown, K. T., Schofield, R. D. W., Vincent, S. E.

IN OUR LIBRARY

By JOHN L. THORNTON, LIBRARIAN

VI. The Bibliographies of Haller.

Albrecht von Haller (1708-1777), was of the type occasionally produced up to the beginning of the nineteenth century that was able to specialise in several branches of knowledge, and to excel in them all. He was, perhaps, the last of the naturalists represented by Conrad Gesner, another eminent bibliographer, who studied the entire field of nature, and were at home in all its branches. Haller has been called the "master physiologist of his time," his *Primae lineae physiologiae*, 1747, being the first textbook on the subject, which was followed by the monumental *Elementa physiologiae corporis humani*, 1757-66, in eight volumes. He attained prominence as a writer on anatomy, botany and surgery (although he never operated), while he also wrote historical fiction, and poetry, his poem *Die Alpen*, 1729, drawing attention to the attractions of the Swiss Alps.

Haller wrote Latin verses and a Chaldee grammer at the age of 10, and in 1727 graduated at Leyden, where he was taught by Boerhaave and Albinus. After travelling to London and Paris, he eventually went to the University of Göttingen in 1736 as professor of anatomy, surgery, and botany, remaining there seventeen years. In 1753 Haller retired to his native Berne, despite numerous invitations to teach elsewhere, and here he received homage from scholars throughout Europe.

Among other writings, Haller was the author of about 13,000 scientific papers, and his books, while containing many original observations, show keen appreciation of the work of others in the numerous references provided. His *Methodus studii medici*, 1751, represents a carefully compiled history of medicine, while his *Icones anatomicae*, 1737-1781, is another of his outstanding works.

The bibliographies of Haller are of special value because they are not mere lists of books, but are critical. The *Bibliotheca anatomica*, 2 vols., Zurich, 1774-1777, for example, is divided into sections representing the historical periods of medicine, and then paragraphed by authors. Details of their lives, publications, editions and notes on the contents of the volumes are provided. All his bibliographies are similarly arranged. Our Library contains the *Bibliotheca chirurgica*, 2 vols., Berne & Basle, 1774-5, and the *Bibliotheca medicinae practicae*, 4 vols., Basle & Berne, 1776-1788, in addition to the above mentioned *Bibliotheca anatomica*, but the *Bibliotheca botanica*, Zurich, 1771-2 is lacking.

Albrecht von Haller was one of the foremost founders of medical and scientific bibliography, and his systematic recordings have done much to alleviate the tasks of later research workers. When we realise that he also made many important advances in the fields of knowledge in which he was interested, and that his literary output was remarkable both for quantity and quality, we will appreciate that his four outstanding bibliographies fully entitle him to Osler's tribute, "Haller is the greatest bibliographer in our ranks."

NEW BOOKS

Poulsen's Text Book of Pharmacology and Therapeutics, 1940. Third English edition, by Dr. Alstead, M.D., M.R.C.S. (Wm. Heinemann (Medical Books) Ltd., London.

This is a comprehensive authority of value to students and practitioners. It is well written, clearly explained and by frequent reference to experiment, the work is placed on a sound basis.

The subject matter is up to date; an Appendix dealing with the Sulphonamide drugs has been included.

The possession of this textbook would be a constant help to any member of the profession.

"First Aid for War Casualties." Second Edition. By Norman Hammer. Price 1s. 6d. (Published by Dale, Reynolds & Co., Ltd., London, E.C.4.)

The second edition of this book is slightly larger than the previous one. It contains a section on the treatment of unconsciousness in diabetes, and the signs of hæmorrhage are compared with those of shock in tabular form. Otherwise the second edition is the same as the previous one, and its popularity should be maintained among first aid workers.

The Early Treatment of War Wounds. By William Anderson. Price 5s. (Published by Sir Humphrey Milford, Oxford University Press.)

This book, which only contains 90 pages, is the successor of a similar manual published during the last war. It deals with the treatment of wounds in the forward area, and makes no pretence of being a complete textbook on the subject.

The book is written in two parts; the first part consists of treatment at advanced units, and the organisation of a Casualty Clearing Station. This is dealt with soundly and systematically, except for a tendency to lay too much emphasis on the use of apparatus which may not be available during heavy fighting. The second part of the book deals with wounds of special regions; the views expressed are obviously the author's personal opinions, and in places differ from those which are generally held.

Although this book is written in a clear and lucid manner, and would be a useful asset to those with little practical experience, it tends, on the whole, to be subjective and dogmatic.

Medical and Nursing Dictionary. By Evelyn Pearce. (Faber & Faber, 12s. 6d.)

In order to meet the demand for a handy book of quick and easy reference on Medicine and Nursing, Evelyn Pearce, described as one of the most successful teachers in the nursing profession, has thoroughly revised and brought up to date, the contents of her original work—"A Short Encyclopædia for Nurses."

Under its new title this book contains a mine of useful information in a clear and concise form. It should be of invaluable help to nurses in training, to trained nurses in hospital, and to private nurses.

The important subject of Chemotherapy has been given a well deserved space and is readily intelligible to any student nurse.

Of topical interest is Chemical Gas Warfare, which in these days is essential for every nurse to understand.

BART.'S MEN IN THE SERVICES

R.A.M.C.

W. A. Bellamy. R. E. M. Fawcett.
K. H. Sugden.

R.A.F.V.R.

C. S. Grossmark.

SOCIETY OF APOTHECARIES

Dates of the Society's Examinations for the month of October:—

Surgery: 13th, 15th, 16th.

Medicine, Pathology and Forensic Medicine: 20th, 22nd, 23rd.

Midwifery: 21st, 22nd, 23rd, 24th.

* * *

BIRTHS

DOUGLASS.—On June 12th, 1941, at Harrow Weald, Middlesex, to Margaret, wife of Dr. W. Michael Douglass—a daughter (Rosemary Jane).

MARRIAGES

DICKINS — ARGENT.—On June 12th, 1941, at Worcester, Dr. Sidney J. O. Dickins, of Cowfold, to Eleanor Argent, of Worcester.

DEATHS

HUSSEY.—On July 4th, 1941, following an operation, James Hussey, M.D., of 69, West Street, Farnham, Surrey.